

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90468 031 ***150.00

DOCUMENT # **450610**

1. Entity Name

CENTRAL HARBOR HOMES CORPORATION



DO NOT WRITE IN THIS SPACE

90052369

2. Principal Place of Business
7602 Congress Street

3. Mailing Address
SAME

Suite, Apt. #, etc.
#5

Suite, Apt. #, etc.

City & State
New Port Richey, Florida

City & State

4. FEI Number

Applied For

Not Applicable

Zip
34653-1106

Country
Pasco

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Sebastian Penna

Street Address (P.O. Box Number is Not Acceptable)
7602 Congress Street #5

City
New Port Richey

FL

Zip Code
34653-1106

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sebastian Penna, Pres.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Penna, Steven
7602 Congress Street #5
New Port Richey, FL., 34653-1106

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTS
Penna, Josephine
7602 Congress Street #5
New Port Richey, FL., 34653-1106

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Penna, Sebastian
7602 Congress Street #5
New Port Richey, FL., 34653-1106

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sebastian Penna, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03
Date

727-842-7880
Daytime Phone #

CR2E034B (12/02)